

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2007

through

04

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

05

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		1038787.58
(b) Cash on Hand at Beginning of Reporting Period	912595.22	
(c) Total Receipts (from Line 19)	71982.52	277644.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	984577.74	1316432.13
7. Total Disbursements (from Line 31)	72450.17	404304.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	912127.57	912127.57
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 7

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	32105.88	72581.19
(i) Itemized (use Schedule A)	15548.59	34778.01
(ii) Unitemized	47654.47	107359.20
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	47654.47	112359.20
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤		
12. Transfers From Affiliated/Other Party Committees	24000.00	163900.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	328.05	1385.35
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	71982.52	277644.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	71982.52	277644.55

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	450.17	2754.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	450.17	2754.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71500.00	400800.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	500.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	500.00	750.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72450.17	404304.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	72450.17	404304.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	47654.47	112359.20
34. Total Contribution Refunds (from Line 28(d))	500.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	47154.47	111609.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	450.17	2754.56
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	450.17	2754.56

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Patricia J. Crome

Mailing Address 2821 Second Avenue
905

City State Zip Code
Seattle WA 98121-1282

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Mason Medical Ce-
nter

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 1 / 2 0 0 7

Transaction ID: 13982764

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Patricia Noga

Mailing Address 325 Oak Street

City State Zip Code
Marshfield MA 02050-6226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociation

Occupation
Senior Director of Clinical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 13987555

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Sandra K. Davis, RN, Ph.D.

Mailing Address 8408 Loire Court

City State Zip Code
Stockton CA 95209-2246

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Joaquin General Hospi-
tal

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 13987575

Amount of Each Receipt this Period

575.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carol A. Bradley, MSN, RN

Mailing Address 1628 Laurel Street

City State Zip Code
South Pasadena CA 91030-4711

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET Healthcare Corporat-
ionOccupation
Nursing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	7

Transaction ID: 13987576

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. William L Welch, , CHE

Mailing Address P O Box 277

City State Zip Code
Fairbury NE 68352-0277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson Community Health
CenterOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	7

Transaction ID: 13987627

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Laura J. Redoutey, FACHE

Mailing Address 2520 Bretigne Circle

City State Zip Code
Lincoln NE 68512-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nebraska Hospital Associa-
tionOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	0	7

Transaction ID: 13987628

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Marjorie Swetonick

Mailing Address 3104 Faiss Dr.

City

Las Vegas

State

NV

Zip Code

89134-7432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MountainView Hospital

Occupation
Vice Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 5 / 2 0 0 7

Transaction ID: 13987681

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Claire Murray

Mailing Address 1501 Twelfth Ave.

City

Watervliet

State

NY

Zip Code

12189-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Organization Nur-
se Executives

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 13989260

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Patricia Yoder-Wise

Mailing Address 7309 93rd Street

City

Lubbock

State

TX

Zip Code

79424-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Tech University Hea-
lth Sciences

Occupation
Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 13989317

Amount of Each Receipt this Period

390.00

SUBTOTAL of Receipts This Page (optional)

1140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Carol A. Bradley, MSN, RN Mailing Address 1628 Laurel Street City State Zip Code South Pasadena CA 91030-4711 FEC ID number of contributing federal political committee. C Name of Employer TENET Healthcare Corporation Occupation Nursing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: 13989318 Amount of Each Receipt this Period 75.00
B. Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD., Mailing Address 4200 East Ninth Avenue Post Office Box A-020 City State Zip Code Denver CO 80220-3700 FEC ID number of contributing federal political committee. C Name of Employer University of Colorado Hospital Occupation Vice President Patient Services & CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 9 / 2 0 0 7 Transaction ID: 13990848 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Michael Maron Mailing Address 718 Teaneck Road City State Zip Code Teaneck NJ 07666-4245 FEC ID number of contributing federal political committee. C Name of Employer Holy Name Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: 13992698 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Paul A Mertz Mailing Address 201 Lyons Avenue City State Zip Code Newark NJ 07112-2027 FEC ID number of contributing federal political committee. C Name of Employer Newark Beth Israel Medical Center Occupation Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: 13992701 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Ms. Audrey Meyers Mailing Address 223 North Van Dien Avenue City State Zip Code Ridgewood NJ 07450-2726 FEC ID number of contributing federal political committee. C Name of Employer Valley Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: 13992702 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. Robert P Wise Mailing Address 2100 Wescott Drive City State Zip Code Flemington NJ 08822-4603 FEC ID number of contributing federal political committee. C Name of Employer Hunterdon Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 7 Transaction ID: 13992717 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Anthony R Tersigni, , Ed.D., F

Mailing Address 4600 Edmundson Road

City State Zip Code
 Saint Louis MO 63134-3806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ascension Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14021458

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Mr. Michael Phillip Guerin

Mailing Address American Hospital Association
One North Franklin Street

City State Zip Code
 Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
Sr. Vice President/Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14021464

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Richard Slusky

Mailing Address 289 County Road

City State Zip Code
 Windsor VT 05089-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Ascutney Hospital and
Health Center

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14021478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Angeline M. Marano
Mailing Address 258 Olde Orchard Lane

City State Zip Code
Shelburne VT 05482-6771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fletcher Allen Health Care

Occupation
SVP and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 14021479

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Robert J Lanik
Mailing Address 555 South 70th Street

City State Zip Code
Lincoln NE 68510-2462

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Elizabeth Regional
Medical Centre

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 14021486

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Larry A Mullins, FACHE
Mailing Address P O Box 1068

City State Zip Code
Corvallis OR 97339-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Health Services

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021504

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Joseph M. Krella, FACHE

Mailing Address 2180 South 1300 East
Suite 440City State Zip Code
Salt Lake City UT 84106-2813FEC ID number of contributing
federal political committee.

C

Name of Employer
UHA, Utah Hospitals & Health Systems AOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021717

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. William A. Bell

Mailing Address 944 Gentian Court

City State Zip Code
Tallahassee FL 32312-1228FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital AssociationOccupation
General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021809

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Martha DeCastro

Mailing Address 1036 Alameda Drive

City State Zip Code
Tallahassee FL 32317-9577FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital AssociationOccupation
VP, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021811

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ralph Glatfelter

Mailing Address 7285 Heartland Circle

City State Zip Code
Tallahassee FL 32312-7501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021812

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

B. Ms. Karen Late, MHS

Mailing Address 444 North Capitol Street, NW
Suite 532

City State Zip Code
Washington DC 20001-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
Director, Federal Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021813

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Wayne NeSmith

Mailing Address 1105 Carriage Road

City State Zip Code
Tallahassee FL 32312-2501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital Associat-
ion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021815

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Stephen Purvis

Mailing Address 4911 SE 7th Avenue

City State Zip Code
Ocala FL 34480-4762

FEC ID number of contributing federal political committee.

C

Name of Employer
Munroe Regional Medical CenterOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021817

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr. Rich Rasmussen

Mailing Address 405 El Destinado Drive

City State Zip Code
Tallahassee FL 32301-1522

FEC ID number of contributing federal political committee.

C

Name of Employer
Florida Hospital AssociationOccupation
VP for Strategic Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021818

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. John Wilgis

Mailing Address 3036 Giles Place

City State Zip Code
Tallahassee FL 32309-2114

FEC ID number of contributing federal political committee.

C

Name of Employer
Florida Hospital AssociationOccupation
Director, Emergency Mgmt. Svcs.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14021819

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jeffrey M. Dye

Mailing Address 2121 Osuna Road NE

City State Zip Code
 Albuquerque NM 87113-1001

FEC ID number of contributing
federal political committee.

C

Name of Employer
New Mexico Hospitals & Health Systems

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14033370

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Jerry G Moeller

Mailing Address P O Box 2408

City State Zip Code
 Stillwater OK 74076-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stillwater Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14033403

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. James D Moore, , FACHE

Mailing Address 1201 Health Center Parkway

City State Zip Code
 Yukon OK 73099-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTEGRIS Canadian Valley Regional Hosp

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14033404

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond L Repogle

Mailing Address P O Box 1368

City State Zip Code
 Sapulpa OK 74067-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Sapulpa

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14033407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. William A Brown, , CHE

Mailing Address 1325 North Highland Avenue

City State Zip Code
 Aurora IL 60506-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Mercy Medical Cen-
ter

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Robert T. Clarke

Mailing Address 800 North Rutledge Street

City State Zip Code
 Springfield IL 62781-0002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040022

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David S. Fox

Mailing Address 3815 Highland Avenue

City State Zip Code
Downers Grove IL 60515-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central DuPage Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040024

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Raymond Grady, FACHE

Mailing Address 2239 Charter Point Drive

City State Zip Code
Arlington Heights IL 60004-7226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evanston Northwestern Healthcare

Occupation
President, Hospitals and Clinics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040026

Amount of Each Receipt this Period

312.50

C. Full Name (Last, First, Middle Initial)
Dr. Wayne M Lerner, , DPH

Mailing Address 2701 West 68th Street

City State Zip Code
Chicago IL 60629-1813

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040027

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1312.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Mary Lou Mastro

Mailing Address 852 West Street

City State Zip Code
 Naperville IL 60540-6400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Linden Oaks Hospital at
Edward

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040028

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Connie L Schroeder

Mailing Address 640 West Washington Street

City State Zip Code
 Pittsfield IL 62363-1350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illini Community Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040030

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Patricia Shehorn

Mailing Address 1225 Lake Street

City State Zip Code
 Melrose Park IL 60160-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westlake Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14040031

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr Tom Canizaro

Mailing Address P O Box 607

City State Zip Code
 Laurel MS 39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation
Associate Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14047768

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Sam W. Cameron

Mailing Address 28 Waterford Place

City State Zip Code
 Jackson MS 39211-2945

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Hospital Asso-
ciation

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 6 / 2 0 0 7

Transaction ID: 14047774

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Ms. Mary M. Covington

Mailing Address 123 Briarwood Drive

City State Zip Code
 Carrollton GA 30117-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanner Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 9 / 2 0 0 7

Transaction ID: 14058515

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Reginald M. Ballantyne, III Mailing Address 3266 East Valley Vista Lane City State Zip Code Paradise Valley AZ 85253-3738 FEC ID number of contributing federal political committee. C Name of Employer Vanguard Health System Occupation Corporate Officer & Senior Vice Presid Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>1000.00</div>		Date of Receipt <div>04 / 23 / 2007</div> Transaction ID: 14058719 Amount of Each Receipt this Period <div>1000.00</div>
B. Full Name (Last, First, Middle Initial) Ms. Kathleen Hoeft Mailing Address P O Box 450 City State Zip Code Ashley ND 58413-0450 FEC ID number of contributing federal political committee. C Name of Employer Ashley Medical Center Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>04 / 23 / 2007</div> Transaction ID: 14058908 Amount of Each Receipt this Period <div>250.00</div>
C. Full Name (Last, First, Middle Initial) Dr. Richard P. de Filippi, Ph.D. Mailing Address 189 Upland Road City State Zip Code Cambridge MA 02140-3604 FEC ID number of contributing federal political committee. C Name of Employer Cambridge Health Alliance Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div>250.00</div>		Date of Receipt <div>04 / 23 / 2007</div> Transaction ID: 14059102 Amount of Each Receipt this Period <div>250.00</div>

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 22 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Dwight L. Fine

Mailing Address 12675 Riviera Heights Road

City State Zip Code
Holts Summit MO 65043-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association
Occupation Sr. Vice President, Government Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
444.48

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 14059114

Amount of Each Receipt this Period

111.12

B. Full Name (Last, First, Middle Initial)
Mr. Marc D. Smith

Mailing Address 5612 Tanner Bridge Road

City State Zip Code
Jefferson City MO 65101-8275

FEC ID number of contributing federal political committee. **C**

Name of Employer Missouri Hospital Association
Occupation President and Chief Executive Officer

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
333.36

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 14059126

Amount of Each Receipt this Period

111.12

C. Full Name (Last, First, Middle Initial)
Ms. Verena J. Briley-Hudson, MN, RN

Mailing Address Post Office Box 449

City State Zip Code
Hines IL 60141-0449

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Veterans Affairs
Occupation Director of Healthcare Inspections

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14135354

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

472.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Patricia A. Cornett		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 4650 Sunset Blvd. Suite 70		Transaction ID: 14135359	
City Los Angeles	State CA	Zip Code 90027-6062	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Versant	Occupation Senior Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Ms. Katherine Hillburn		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 4315 Diplomacy Drive		Transaction ID: 14135371	
City Anchorage	State AK	Zip Code 99508-5926	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alaska Native Medical Center	Occupation Chief Nurse Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
C. Full Name (Last, First, Middle Initial) Ms. Cherie Spragg		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7	
Mailing Address 2324 De Russey Road		Transaction ID: 14135375	
City Collins	State OH	Zip Code 44826-9722	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Fisher-Titus Medical Center	Occupation VP, Nursing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. Lynn Forsey, Ph.D., RN

Mailing Address 75 Stasia Drive

City State Zip Code
 Novato CA 94947-1978

FEC ID number of contributing federal political committee.

C

Name of Employer
Marin General HospitalOccupation
Research Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140519

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Angela M. Janik

Mailing Address 2379 Claymor Drive

City State Zip Code
 Chesterfield MO 63017-7832

FEC ID number of contributing federal political committee.

C

Name of Employer
St. Anthony's Medical Cen-
terOccupation
VP, Patient Care Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140526

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Patricia Reid-Ponte

Mailing Address 23 Indian Hill Road

City State Zip Code
 Arlington MA 02476-7002

FEC ID number of contributing federal political committee.

C

Name of Employer
Dana-Farber Cancer Instit-
uteOccupation
Sr. VP and CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140531

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140533

Amount of Each Receipt this Period

215.00

B. Full Name (Last, First, Middle Initial)
Ms. Donna M. Herrin, MSN, RN, C

Mailing Address 215 Pasadena Place
#433

City State Zip Code
Memphis TN 38104-6657

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Le Bonheur Heal-
thcare

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140856

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Holly A. DeGroot

Mailing Address 1701 Novato Blvd.
Suite 205

City State Zip Code
Novato CA 94947-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Catalyst Systems, LLC

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140859

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Kimberly LaMar Mailing Address 16309 E. Fountain Hills Place City State Zip Code Fountain Hills AZ 85268-4545 FEC ID number of contributing federal political committee. C Name of Employer Banner Desert Medical Center Occupation Director of Professional Practice Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: 14140860 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Rhonda M. Anderson, RN, MPA, C Mailing Address 10693 E. Acoma Drive City State Zip Code Scottsdale AZ 85255-8596 FEC ID number of contributing federal political committee. C Name of Employer Banner Desert Medical Center Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: 14140861 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Linda Knodel, MHA, FACHE Mailing Address 1916 North Grandview Lane City State Zip Code Bismarck ND 58503-0843 FEC ID number of contributing federal political committee. C Name of Employer St. Alexius Medical Center Occupation Assistant Admin./Director of Nursing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 7 Transaction ID: 14140862 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms. Cathe Clapp, RN, M.N.

Mailing Address 721 NW 125th

City State Zip Code
 Seattle WA 98177-4441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Medical Center-Ba-
llard Campus

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14140863

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Kimberly Nagy

Mailing Address 660 North Westmoreland Road

City State Zip Code
 Lake Forest IL 60045-1659

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Forest Hospital

Occupation
VP, Patient Care Services, CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14142466

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 2 7 / 2 0 0 7

Transaction ID: 14142835

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

795.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 55

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Deborah Crist-Grundman

Mailing Address 16407 High Bluff Court

City State Zip Code
 Riverside CA 92503-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
Van Slyck & Associates

Occupation
Senior Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14142836

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ms. Helene M. Burns, MSN, RN

Mailing Address 501 North Lansdowne Avenue

City State Zip Code
 Drexel Hill PA 19026-1187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Delaware County Memorial
Hospital

Occupation
Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14142840

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Deborah A. Grant

Mailing Address 917 North Shore Court

City State Zip Code
 High Point NC 27265-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moses Cone Health System

Occupation
Vice President, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 7

Transaction ID: 14142841

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James Veronesi

Mailing Address 500 University Drive
PO Box 850

City State Zip Code
Hershey PA 17033-2391

FEC ID number of contributing
federal political committee.

C

Name of Employer
Penn State Milton S. Hers-
hey Medical C

Occupation
Director of Nursing Systems & Resource

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: 14142850

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Gladys Campbell

Mailing Address 300 Elliot Avenue West
Suite 300

City State Zip Code
Seattle WA 98119-4198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Organization of
Nurse Execut

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: 14142853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Susan L. Bowar-Ferres, PhD, RN

Mailing Address P.O. Box 137

City State Zip Code
New Rochelle NY 10802-0137

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York University Medic-
al Center

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 9 / 2 0 0 7

Transaction ID: 14147921

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 55

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr Jeffery L. Hudson

Mailing Address 4950 North Marine Drive

City State Zip Code
 Chicago IL 60640-3966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands at Lake Shore

Occupation
Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14147933

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Ms. Gail Holtz

Mailing Address 299 Bow Drive

City State Zip Code
 Hauppauge NY 11788-1721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Jewish Medical
Center

Occupation
Assistant Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14147943

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Frankie T. Manning

Mailing Address 14811 SE 49th St.

City State Zip Code
 Bellevue WA 98006-3109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veterans Affairs Puget So-
und Health Ca

Occupation
Nurse Executive/Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 1 9 / 2 0 0 7

Transaction ID: 14147944

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Steve Dobbs Mailing Address 1120 South Utica City State Zip Code Tulsa OK 74104-4090 FEC ID number of contributing federal political committee. C Name of Employer Hillcrest Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: 14149096 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Mr. Robin E Lake Mailing Address P O Box 2339 City State Zip Code Elk City OK 73648-2339 FEC ID number of contributing federal political committee. C Name of Employer Great Plains Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: 14149104 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ms. Jane McDowell Mailing Address P O Box 90 City State Zip Code Waurika OK 73573-0090 FEC ID number of contributing federal political committee. C Name of Employer Jefferson County Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 3 / 2 0 0 7 Transaction ID: 14149105 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond L Repogle

Mailing Address P O Box 1368

City State Zip Code
 Sapulpa OK 74067-1368

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. John Sapulpa

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 14149110

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Lex Smith

Mailing Address P O Box 129

City State Zip Code
 El Reno OK 73036-0129

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 14149112

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Jackye Ward

Mailing Address 430 North Monta Vista

City State Zip Code
 Ada OK 74820-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley View Regional Hospital

Occupation
VP, Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 1 3 / 2 0 0 7

Transaction ID: 14149115

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Rory Ward
Mailing Address 430 North Monta Vista

City State Zip Code
Ada OK 74820-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley View Regional Hosp-
ital

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 14149116

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Ronald W Webb
Mailing Address 430 North Monta Vista

City State Zip Code
Ada OK 74820-4610

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley View Regional Hosp-
ital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 0 7

Transaction ID: 14149117

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Ms. Kimber Wraalstad
Mailing Address P O Box 759

City State Zip Code
Rolla ND 58367-0759

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presentation Medical Cent-
er

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 0 / 2 0 0 7

Transaction ID: 14149664

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 55

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Ms Lindsey Artola

Mailing Address 19065 Hickory Creek Dr, 300

City State Zip Code
Mokena IL 60448-8599

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Health

Occupation
System Director Community and Ministry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

-500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: 14165462

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B
Totaling \$500.00 This changes the YTD Total to \$-5-00.00

B. Full Name (Last, First, Middle Initial)

Mr. Alex White, Jr.

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR1339349918900

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR327629118900

Amount of Each Receipt this Period

45.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 55

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSNMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Organization of
Nurse ExecutiOccupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812018900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**B.** Full Name (Last, First, Middle Initial)
Mr. Mark SekleckiMailing Address 325 Seventh Street, NW
Suite 700

City	State	Zip Code
Washington	DC	20004-2818

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-WashingtOccupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858018900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)**C.** Full Name (Last, First, Middle Initial)
Mr. John F. Barry

Mailing Address One North Franklin

City	State	Zip Code
Millis	MA	60606-3436

FEC ID number of contributing
federal political committee.**C**Name of Employer
American Hospital Associa-
tion-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.94

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327877818900

Amount of Each Receipt this Period

86.98

P/R Deduction (\$43.49 Bi-
Weekly)**SUBTOTAL** of Receipts This Page (optional)

246.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard J Umbdenstock		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328132818900	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 90.00	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	P/R Deduction (\$45.00 Bi-Weekly)	
B. Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328241418900	
Mailing Address 1093 N. Faldo Way		Amount of Each Receipt this Period 55.56	
City Eagle	State ID	Zip Code 83616-5369	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Chicago	Occupation Regional Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02	P/R Deduction (\$27.78 Bi-Weekly)	
C. Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328260918900	
Mailing Address 325 Seventh Street, NW Suite 700		Amount of Each Receipt this Period 80.00	
City Washington	State DC	Zip Code 20004-2818	
FEC ID number of contributing federal political committee. C			
Name of Employer American Hospital Association-Washingt	Occupation Executive Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	P/R Deduction (\$40.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional)

225.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341818900 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina Mailing Address 200 Clover Hill Court City Yardley State PA Zip Code 19067-5736 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 428.40		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328511818900 Amount of Each Receipt this Period 95.20 P/R Deduction (\$47.60 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca Mailing Address 4960 138th Circle West City Apple Valley State MN Zip Code 55124-9229 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 360.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330475418900 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

255.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 55

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code
 Austin TX 78761-5587

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital AssociationOccupation
AHA Regional Executive for TX

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416018900

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Donald May

Mailing Address 521 Great Falls Street

City State Zip Code
 Falls Church VA 22046-2613

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331533218900

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh

Mailing Address 325 Seventh Street, NW Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Director Executive Branch Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.60

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR517619718900

Amount of Each Receipt this Period

78.40

P/R Deduction (\$39.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶

278.40

TOTAL This Period (last page this line number only) ▶

32105.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 55

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City

Austin

State

TX

Zip Code

78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

24000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 3 / 2 0 0 7

Transaction ID: 14058516

Amount of Each Receipt this Period

24000.00

SUBTOTAL of Receipts This Page (optional)

24000.00

TOTAL This Period (last page this line number only)

24000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ ☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1385.35

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 7

Transaction ID: 14140808

Amount of Each Receipt this Period

328.05

Bank Interest

SUBTOTAL of Receipts This Page (optional)

328.05

TOTAL This Period (last page this line number only)

328.05

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14140805

Date of Disbursement

04 / 03 / 2007

Amount of Each Disbursement this Period

80.09

Bank Fee

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14140806

Date of Disbursement

04 / 04 / 2007

Amount of Each Disbursement this Period

102.42

Bank Fee

Full Name (Last, First, Middle Initial)

C. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Bank Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14140807

Date of Disbursement

04 / 18 / 2007

Amount of Each Disbursement this Period

250.76

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

433.27

TOTAL This Period (last page this line number only)

433.27

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Lucille Roybal-Allard For Congress

Mailing Address P.O. Box 582

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lucille Roybal-Allard

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 34

Transaction ID: 13991695

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City
Columbus

State
OH

Zip Code
43229

Purpose of Disbursement
Contribution

Candidate Name
Rep. Patrick J. Tiberi

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 13991707

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: 13991708

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Eric I. Cantor

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 13991674

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Sam Johnson

Mailing Address 1611 Avenue K

City
Plano

State
TX

Zip Code
75074

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Samuel Robert Johnson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 3

Transaction ID: 13991675

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. McCaul For Congress Inc

Mailing Address 5127 Nebraska Avenue Nw

City
Washington

State
DC

Zip Code
20008

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Michael T. McCaul

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 10

Transaction ID: 13991676

Date of Disbursement

04 / 10 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Radanovich For Congress

Mailing Address 30151 Tomas Street

City Rancho Sta Mrgrita State CA Zip Code 92688

Purpose of Disbursement
Contribution

Candidate Name
Rep. George P. Radanovich

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 19

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14003611

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Udall For Congress Inc.

Mailing Address 8690 Wolff Court #200

City Westminster State CO Zip Code 80031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Mark Udall

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14003612

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

Office Sought: ☒ House
☐ Senate
☐ President

State: OH District: 15

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14003607

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hooley For Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement
Contribution

Candidate Name
Rep. Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: 14003597

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hulshof For Congress

Mailing Address PO Box 1621

City
Columbia

State
MO

Zip Code
65205

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenny C. Hulshof

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 14003605

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City
West Chester

State
OH

Zip Code
45069

Purpose of Disbursement
Contribution

Candidate Name
Rep. John A. Boehner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 8

Transaction ID: 14003610

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Judge John Carter For Congress Committee

Mailing Address P O Box 6930

City Round Rock State TX Zip Code 78683

Purpose of Disbursement
Contribution

Candidate Name
Rep. John R. Carter

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 31

Transaction ID: 14003600

Date of Disbursement

04 / 12 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pascrell For Congress Inc.

Mailing Address P.O. Box 640

City Totowa State NJ Zip Code 07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 14058008

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Texans For Lamar Smith

Mailing Address PO Box 6155

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
Contribution

Candidate Name
Rep. Lamar S. Smith

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 21

Transaction ID: 14058007

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement
Contribution

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 7

Transaction ID: 14058009

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Congressman Bill Young Campaign Committee

Mailing Address P. O. Box 47025

City
St. Petersburg

State
FL

Zip Code
33743

Purpose of Disbursement
Contribution

Candidate Name
Rep. C.W. Bill Young

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 10

Transaction ID: 14057971

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alliance for the West

Mailing Address 1510 Woodbine Street

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14057875

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 C Street SE
Lower Unit

City Washington State DC Zip Code 20003

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057880

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Pioneer PAC

Mailing Address 499 South Capitol Street, SW
Suite 408

City Washington State DC Zip Code 20003

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057878

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2500.00

2007 Contribution

Full Name (Last, First, Middle Initial)

C. McCrery For Congress Committee

Mailing Address Post Office Box 52956

City Shreveport State LA Zip Code 71135

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jim McCrery

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 4

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057972

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name
Rep. David Lee Camp

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 4

Transaction ID: 14058006

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Congressman Bart Gordon Committee

Mailing Address P.O. Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Gordon

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 6

Transaction ID: 14057889

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hastert For Congress Committee

Mailing Address P. O. Box 625

City Batavia State IL Zip Code 60510

Purpose of Disbursement
Contribution

Candidate Name
Rep. J. Dennis Hastert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: 14057903

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Next Century Fund

Mailing Address 116 South Royal Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057876

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

2000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Impact America

Mailing Address 228 W. Washington St.
Suite 200

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057865

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

C. Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City Raleigh State NC Zip Code 27602

Purpose of Disbursement
Contribution

Candidate Name
Sen. Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NC District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057882

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Debbie Wasserman Schultz for Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement
Contribution

Candidate Name
Rep. Debbie Wasserman-Schultz

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 20

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057902

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Dirigo PAC

Mailing Address P.O. Box 1355

City Alexandria State VA Zip Code 22313

Purpose of Disbursement
2007 Contribution

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14057873

Date of Disbursement

04 / 16 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

C. Menendez For Senate

Mailing Address P.O. Box 848

City Union City State NJ Zip Code 07087

Purpose of Disbursement
2012 Contribution

Candidate Name
Sen Robert Menendez

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 2

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14093836

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

2012 Contribution

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Blumenauer For Congress

Mailing Address 830 Ne Holladay Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

Candidate Name
Rep. Earl Blumenauer

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 3

Transaction ID: 14093834

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Carnahan In Congress

Mailing Address 7370 Manchester Rd Ste 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement
Contribution

Candidate Name
Rep. Russ Carnahan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 3

Transaction ID: 14093828

Date of Disbursement

04 / 17 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Weiner

Mailing Address 1 Ascan Avenue #31
Suite 31

City Forest Hills State NY Zip Code 11375

Purpose of Disbursement
Contribution

Candidate Name
Rep. Anthony D. Weiner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 9

Transaction ID: 14107743

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Moran For Kansas

Mailing Address P.O. Box 1151

City State Zip Code
Hays KS 67601

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jerry Moran

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 1

Transaction ID: 14107746

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Mailing Address PO Box 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Contribution

Candidate Name
Sen. Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 14107745

Date of Disbursement

04 / 23 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 2368

City State Zip Code
Joliet IL 60434

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald C. Weller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 14140985

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pastor For Arizona

Mailing Address PO Box 6554

City
Phoenix

State
AZ

Zip Code
85005

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ed Pastor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 4

Transaction ID: 14140986

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Becerra For Congress

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contribution

Candidate Name
Rep. Xavier Becerra

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: 14140987

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Byron Dorgan

Mailing Address PO Box 871

City
Bismarck

State
ND

Zip Code
58502

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Byron L. Dorgan

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 2

Transaction ID: 14140984

Date of Disbursement

04 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

71500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Lindsey Artola

Mailing Address 19065 Hickory Creek Dr, 300

City
Mokena

State
IL

Zip Code
60448-8599

Purpose of Disbursement
Refund

Candidate Name

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 13991711

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2007

Amount of Each Disbursement this Period

500.00

Refund

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00